

UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY

PATIENT CARE ASSOCIATES LLC
Plaintiff

V.

CASE NUMBER: **2:13-CV-01473-SRC-CLW**

MAQUET CARDIOVASCULAR, LLC, ET AL.
Defendant, Third-party plaintiff
V.

HORIZON BLUE CROSS BLUE SHIELD
Third-party defendant

SUMMONS ON A THIRD-PARTY COMPLAINT

TO: *(Name and address of Third-party Defendant):*

A lawsuit has been filed against defendant **MAQUET CARDIOVASCULAR**, who as third-party plaintiff is making this claim against you to pay part or all of what the defendant may owe to the plaintiff **PATIENT CARE ASSOCIATES**.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the defendant or defendant's attorney, whose name and address are:

KEITH MCMURDY
FOX ROTHSCHILD LLP
100 PARK AVE 15TH FLOOR
NEW YORK NY 10017

If you fail to respond, judgment by default will be entered against you for the relief demanded in the third-party complaint. You also must file your answer or motion with the court and serve it on any other parties.

A copy of the plaintiff's complaint is also attached. You may — but are not required to — respond to it.

WILLIAM T. WALSH
CLERK

DINA M. DAGGETT
(By) DEPUTY CLERK



ISSUED ON 2013-03-14 11:24:05.0, Clerk
USDC NJD

RETURN OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l).)

Service of the Summons and complaint was made by me⁽¹⁾ DATE APRIL 5, 2013
NAME OF SERVER (PRINT) KEITH MCMURDY TITLE ATTORNEY FOR THIRD PARTY PLAINTIFF

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
- ☐ Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☒ Other (specify): VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED
EXECUTED 4/5/13

STATEMENT OF SERVICE FEES

TRAVEL SERVICES TOTAL 35.65

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on APRIL 17/2013 Date [Signature] Signature of Server
100 PARK AVE 15TH FLOOR Address of Server
NY NY 10017

2. Article Number



7160 3901 9849 1846 8897

3. Service Type CERTIFIED MAIL

4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

HORIZON BLUE CROSS BLUE SHIELD NJ
13 Penn Plaza East
Newark, NJ 07105
US

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1?
If YES, enter delivery address below.

☐ Agent
☐ Addressee
☐ Yes
☐ No

By

003855.00027-2438 - K. MCMURDY



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